

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90017 049 \*\*\*150.00

**DOCUMENT # P93000004034**

1. Entity Name  
**ENTERBRAS ENTERRISE INC.**



Principal Place of Business  
**6609 SW 65 ST.  
SOUTH MIAMI, FL 33143 US**

Mailing Address  
**6609 SW 65 ST.  
SOUTH MIAMI, FL 33143 US**

**24003702**



01202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

**2601 NW 104th**  
Suite, Apt. #, etc.

3. Mailing Address

**4621 Hollywood Blvd**  
Suite, Apt. #, etc. **# 100**

City & State

**Miami FL**

City & State

**Hollywood FL**

4. FEI Number

**65-0381653**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**% CERETTA LAPHAM & ASSOCIATES  
6609 SW 65 ST  
S MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name **Barry Wasserstrom**  
Street Address (P.O. Box Number is Not Acceptable)  
**4621 Hollywood Blvd #100**  
City **Hollywood** FL Zip Code **33021**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PP** ☐ Delete  
NAME **MORGENTHALER, MARGARET**  
STREET ADDRESS **7525 SW 105TH TERR**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **SA** ☐ Delete  
NAME **FERNANDO, H.H. FERNANDES**  
STREET ADDRESS **7525 SW 105TH TERR**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Margaret Morgenthaler**

**January 20, 04 (305) 4965047**

Date

Daytime Phone #